

5870
132

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

02 OF DEATH AND 46 RESIDENCE 1200	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 1 mo. IN ARIZONA 24 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Ariz. COCHISE COUNTY	
	C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Willcox <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Gen. Del.			
CEDENT 3 PERSONAL 3 DATA 179	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mose B. (MIDDLE) Chewning C. (LAST)			4. SEX F	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 4 DAY 17 YEAR 1876	8. AGE (IN YEARS LAST BIRTHDAY) 79	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY unknown		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri	11. CITIZEN OF WHAT COUNTRY? U S	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) unknown	13. SOCIAL SECURITY NO. 527-07-7347
4 153	14A. FATHER'S NAME John Chewning		14B. BIRTHPLACE (STATE OR COUNTRY) W. Va.		15A. MOTHER'S MAIDEN NAME Margaret Rogers	
	16. INFORMANT'S SIGNATURE Hospital Records		ADDRESS		17. DATE OF DEATH (MONTH) 10 (DAY) 1 (YEAR) 1955	

CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Anterior - sclerotic hddis. INTERVAL BETWEEN ONSET AND DEATH not known. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
DEATH DUE TO FATAL INJURY	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 30, 1955, TO 10/1, 1955 THAT I LAST SAW THE DECEASED ALIVE ON 10/1/55, 1955, AND THAT DEATH OCCURRED AT 12:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) Dr. Montgomery M.D.		23B. ADDRESS Douglas		23C. DATE SIGNED 10/2/55	
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 10-2-55		24C. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	
GENERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Willcox, Ariz.		24E. DATE REC'D BY LOCAL REG. 10/1/55		25B. REGISTRAR'S SIGNATURE E. L. Damann	
	25A. DATE REC'D BY LOCAL REG. 10/1/55		26. FUNERAL DIRECTOR'S SIGNATURE Paul Brown		27. EMBALMER'S SIGNATURE Paul Brown	

